

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 124
Registered No. 166

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard Martin Cooper { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 1 - 1927
Month Day Year

8. FATHER
Full name Cecil Martin Cooper
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Cauc. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Tenn.
(State or country)
13. Occupation Engineer
Nature of industry Mining

14. MOTHER
Full maiden name Matilda Richardson
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Cauc. 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) McKinney
(State or country) Texas
19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born at 7:40 p.m. on the date above stated
(Born alive or stillborn)
Signature Byril M. Brown M.D.
Physician (Physician or midwife)
Address Miami, Arizona
Given name added from a supplemental report _____
Month, day, year _____
Registrar May 11, 1927
Registrar

939-501-495